

THERAPY SCHOOL APPLICATION APPLICATION FOR APPROVAL OF SCHOOL TEACHING THERAPEUTIC RADIOLOGIC TECHNOLOGY

Please return this application to:

California Department of Health Services
Radiologic Health Branch—Certification
P.O. Box 942732
Sacramento, CA 94234-7320

1. IDENTIFICATION

a. Name of school or sponsoring institution _____

b. Address (number/street)	City	County	ZIP code
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c. Administrative Head	Title	d. Telephone Number	Ext.
		()	

e. Director of the course of study	Title
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f. Indicate qualifications:

☐ Radiologist Certified by the ABR ☐ Certified Radiologic Technologist ☐ Radiologic Physicist Certified by the ABR

☐ Other (explain): _____

2. CURRICULUM

a. Is your school's curriculum in writing?

☐ Yes ☐ No

If copy not attached, please explain:

b. Total length of training:

_____ Months

c. Indicate total hours of training in the following areas:

_____ Formal classroom instruction	Laboratories: _____ General radiographic
_____ Radiation protection	_____ Physics and radiation protection
_____ Seminars, discussions, demonstrations	_____ Radiotherapy
_____ Supervised clinical education	_____ Other (specify): _____

3. ORGANIZATION

a. Indicate type of school:

☐ Public community or junior college ☐ Other (explain): _____
☐ Hospital

b. Indicate teaching time:

<input type="checkbox"/> Day school only	<input type="checkbox"/> Quarter system
<input type="checkbox"/> Evening school only	<input type="checkbox"/> Semester system
<input type="checkbox"/> Both day and evening school	<input type="checkbox"/> Continuous
<input type="checkbox"/> Other (explain): _____	

c. School year:

Starting month: _____ Graduation month: _____

d. Accreditation:

(1) Is your school accredited by the AMA Council on Medical Education? ☐ Yes ☐ No
(2) Type and length of approval: _____

3. ORGANIZATION *Continued*

e. Affiliation—Name(s) of affiliated hospital(s) or college(s):

NOTE: Please complete Clinical Training Facilities form for each affiliated hospital.

f. Indicate degree or certificate granted:

g. Does your school have an active advisory committee?

☐ Yes ☐ No If yes, attach list of members.

4. RECORDS

a. Are all administrative policies clearly stated in writing and maintained in the administrative records?

☐ Yes ☐ No

b. Do you keep records of the following? Yes No

- | | | |
|----------------------------------------------------------------------|--------------------------|--------------------------|
| (1) Agreements with other schools, agencies, organizations. | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) All correspondence with the State Department of Health Services. | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Course outlines of all radiologic technology courses. | <input type="checkbox"/> | <input type="checkbox"/> |

c. State your school's policy in keeping and issuing transcripts:

d. State your school's admission policy: Yes No

- | | | |
|----------------------------------------------|--------------------------|--------------------------|
| (1) High school diploma required. | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Acceptance by admissions committee only. | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Other requirements: _____ | | |

e. Are all records of individual students maintained showing the following:

- | | Yes | No | | Yes | No |
|----------------|--------------------------|--------------------------|--------------------------------|--------------------------|--------------------------|
| (1) Attendance | <input type="checkbox"/> | <input type="checkbox"/> | (3) Teachers' observations | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Grades | <input type="checkbox"/> | <input type="checkbox"/> | (4) Clinical experience record | <input type="checkbox"/> | <input type="checkbox"/> |

f. Student Progress Evaluation: Yes No

- | | | |
|------------------------------------------------------------------------|--------------------------|--------------------------|
| (1) Is progress of each student evaluated at the end of teaching unit? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Is evaluation done at midterm? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Does the evaluation consist of a written examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) List other forms of evaluations: | | |

(5) Do you keep copies of the content of all final examinations? ☐ Yes ☐ No

g. Radiation Protection

Are you in compliance with state regulations regarding radiation protection? ☐ Yes ☐ No

h. Radiation protection officer's name and title:

5. FACULTY

a. List names and academic titles of all instructors teaching radiologic technology or subjects related to radiologic technology:

Name	Degree	Title	Radiologic Technologist Certificate Number

b. Do you keep the following records on each teacher:

Yes No

(1) Workload by subject

☐ ☐

(2) Hours taught

☐ ☐

(3) Percent of full-time teaching

☐ ☐

(4) Percent devoted to administrative duties

☐ ☐

(5) Subjects taught in the past

☐ ☐

6. FACILITIES

a. Describe rooms used for radiologic technology training (number, sizes, and use):

b. Classroom Equipment:

Yes No

(1) Are classrooms equipped with a chalkboard (blackboard)?

☐ ☐

(2) Are enough seats provided for all students in all classrooms?

☐ ☐

c. Describe teletherapy equipment your school possesses or uses for training:

(1) _____

(2) _____

(3) _____

(4) _____

d. Describe film processing equipment:

e. Describe facilities used for laboratory demonstration and practice:

f. Describe phantoms available:

6. FACILITIES *Continued*

g. List audiovisual aids available:

h. Reference Library—Does the reference library contain the following:

- | | Yes | No |
|------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| (1) Up-to-date standard textbooks and reference materials on therapeutic radiologic technology | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Periodicals on therapeutic radiologic technology | <input type="checkbox"/> | <input type="checkbox"/> |

7. ENROLLMENT

a. Number of students in the following categories:

- | | |
|------------------------------------------|--------------------------------------------------------------------------|
| (1) _____ Total | (6) _____ Students the program could accept each year (maximum) |
| (2) _____ Day classes only | (7) _____ Applications for admission received per month (estimate) |
| (3) _____ Evening classes only | (8) _____ Students your school can accommodate at any one time (maximum) |
| (4) _____ Day and evening classes | (9) _____ Applications for admission received in previous year |
| (5) _____ Expected to graduate each year | |

8. SUPPLEMENTS

a. Please append to this application one copy of the following:

Appended

Not Appended

- | | | |
|-----------------------------------------------------------|-------|-------|
| (1) School catalog or bulletin | _____ | _____ |
| (2) Blank application form for admission | _____ | _____ |
| (3) Graduation certificate marked "Copy" | _____ | _____ |
| (4) Forms used for records and evaluations | _____ | _____ |
| (5) List of course textbooks, references, and periodicals | _____ | _____ |
| (6) Joint review committee accreditation | _____ | _____ |
| (7) Course descriptions, curricula, and study plans | _____ | _____ |
| (8) All affiliation agreements, properly signed | _____ | _____ |
| (9) Radiation protection course outline | _____ | _____ |
| (10) Advisory committee—composition and function | _____ | _____ |
| (11) Transfer credit policies | _____ | _____ |

9. OATH

Name of person completing this form:

I certify that to the best of my knowledge and understanding the foregoing is true and accurate, and that:

- ☐ The school meets the standards stipulated by *California Laws Relating to Radiologic Technology*, and the implementing regulations.
- ☐ The school will meet all the standards stipulated by *California Laws Relating to Radiologic Technology*, and the implementing regulations by

(Date)



Signature of administrative head or director of school

Title

Date signed